

# Navigating Rural Health Resources

December 20, 2016

Conference Call #: (866) 620-7326  
Access Code: 3507-50-3156



# Overview & Agenda

## *Webinar Purpose:*

Highlight state and federal programs relevant to rural Kansas in hopes to connect our local providers and communities to useful resources and tools.

## AGENDA/TOPICS:

- Lead Hazard Prevention Program
- Bureau of Oral Health

# Healthy Homes and Lead Hazard Prevention Program

Bureau of Family Health



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Our Mission: To protect and improve the health and environment of all Kansans.



# Our Program

- The Kansas Department of Health and Environment (KDHE) established the Healthy Homes and Lead Hazard Prevention Program (HHLHPP) to respond to concerns about lead and its effect on the health of Kansans, most notably our children.
- Lead is common in our environment and many individuals, especially children, show no outward signs of lead poisoning. Blood lead levels (BLLs) as low as 5 micrograms per deciliter (ug/dL) are associated with harmful effects on children's learning and behavior. BLLs as high as 70 ug/dL can cause seizures, coma, and death. The most common cause of childhood lead poisoning today is the deterioration or disruption of a lead paint surface of a home.

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# Bureau of Family Health Lead Hazard Prevention Program

- Enforcement
- Licensure and Compliance
- Tip and Complaints
- Education

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# Renovation, Repair & Painting (RRP)Rule



## Renovate Right Booklet

- Renovators are required to give the Renovate Right booklet to homeowners and tenants before renovation, repair, and painting is to begin.
- Renovators must provide the Renovate Right booklet to child care facilities and general renovation information to families whose children attend those facilities.

# Health Effects of Lead

- Lead is poisonous because it interferes with some of the body's basic functions. Lead remains in the bloodstream for a few weeks. Then it is absorbed into the bones, where it can collect for a lifetime.
- Lead can affect anyone, but children ages 6 and younger face special hazards. In part, this is because young children tend to put things in their mouths.

# Health Effects of Lead cont.

- It is important to know that even exposure to low levels of lead can permanently affect children.
- In low levels, lead can cause-
  - Nervous system and kidney damage
  - Learning disabilities, attention deficit disorder, and decreased intelligence
  - Speech, language, and behavior problems
  - Poor muscle coordination
  - Decreased muscle and bone growth
  - Hearing damage



# Certified Renovator

## Renovation, Repair, & Painting (RRP) Rule

- Lead Safe Work Practice Course
  - Eight hour training course to educate on how to properly handle lead-based paint during renovation, repair, and painting on pre-1978 homes
  - Will receive a training diploma upon successful completion after taking the course
  - Has 12 months to submit a certified renovator application to KDHE along with a copy of the Lead Safe Work Practice (LSWP) training diploma
  - The individual will then receive a KDHE certification showing they're a certified renovator in Kansas
  - Certified Renovator certificate is good for five years

## ❖ Elevated Blood Lead Level (EBL) Investigator

- An applicant for an EBL Investigator is selected by KDHE
- Four hour training course to learn how to prevent further exposure and identify the most likely sources of a child's exposure to lead hazards.
- Must be a certified risk assessor beforehand
- Will receive a EBL investigator training diploma
- Will have 12 months to submit an application and required documents to KDHE
- The individual will receive a KDHE EBL Investigator certification
- The EBL Investigator certificate is good for two years



<http://www.kshealthyhomes.org/>

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# Questions?





## Bureau of Oral Health

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Dr. Cathy Taylor-Osborne  
KDHE Dental Director



Jennifer Ferguson, RDH  
Children's Program Manager



Pam Smith, RDH  
Fluoridation & Evaluation

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This presentation was supported by the Grant or Cooperative Agreement Number, U58DP004878-03 , funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

# Bureau of Oral Health

School Screening Program  
School Sealant Program  
Water Fluoridation Reporting  
Partnerships and Future

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# Kansas School Screening Program



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# Capturing the Oral Health of Kansas Children

## School Screening Program

- ✓ *Toothbrushes*
- ✓ *Gloves*
- ✓ *Tongue Blades*
- ✓ *Masks*
- ✓ *Training*
- ✓ *Data collection*



# School Screening Program

BOH School Screening Data	2011-12	2012-13	2013-14	2014-15	2015-16 *
Children Screened	140,569	153,977	153,688	159,353	158,723
Counties Screened	88	92	89	93	92
Untreated Decay	17.63%	16.19%	15.81%	16.46%	15.56%
Treated Decay	39.83%	38.86%	38.01%	37.65%	38.37%
3 <sup>rd</sup> -12 Graders with Sealants Present	38.84%	42.97%	42.74%	44.05%	43.47%
Urgent Care	2.94%	2.5%	2.71%	2.37%	2.44%
Number of Schools Screened	634	716	750	731	733

**Current Enrollment: 489,279 students K-12**

\* Data is not final for the 2015-16 school year

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# Kansas School Screening Program

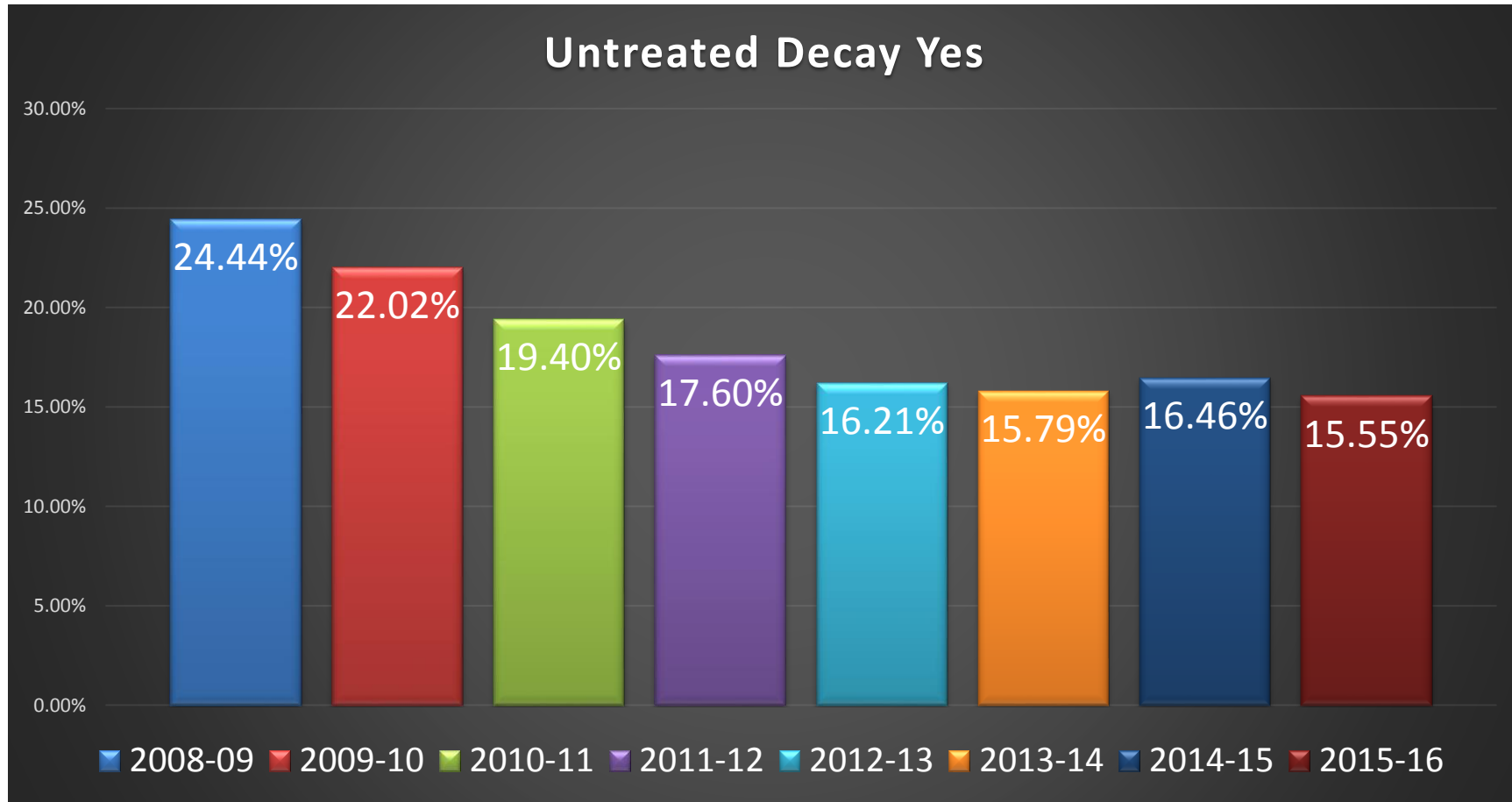
*2015-16 Results \**

- 92 Counties
- 733 Schools
- 158,724 Students Screened
- 15.55% Untreated Decay
- 38.37% Treated Decay
- 43.82% Sealants Present (3<sup>rd</sup>-12<sup>th</sup>)

\*not finalized

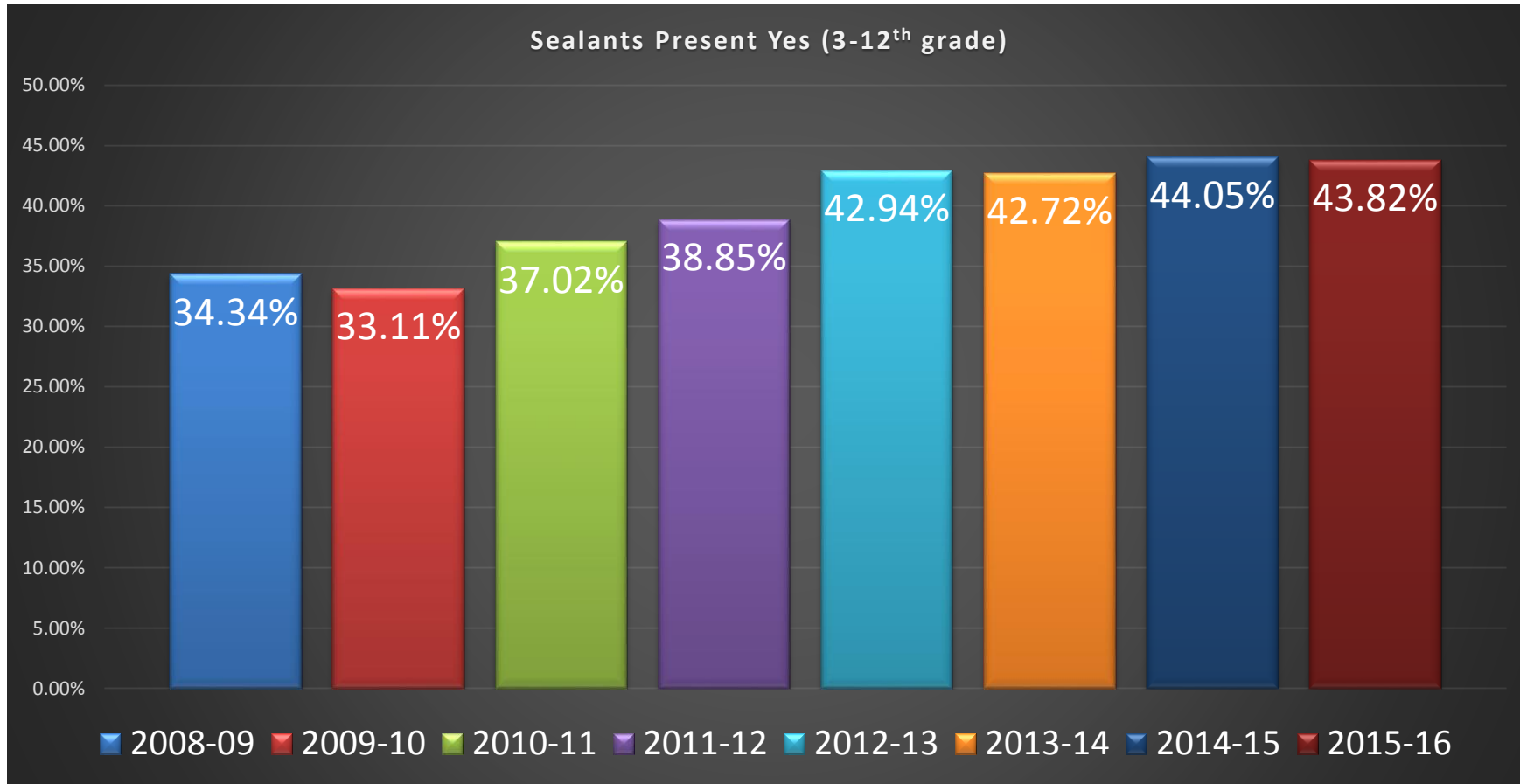


# Screening Program



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# Screening Program



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Toothbrushes and screening  
supplies are made possible by  
the generous funding of



# Kansas School Sealant Program



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# Caries Prevention of Kansas Children



## School Sealant Program

- ✓ Technical Assistance
- ✓ Data Collection
- ✓ Funding Opportunities

# Sealant Program 2015-16

59 Counties

468 Schools had services  
available

15,727 Cleanings

17,053 Fluoride treatments

5,298 Children had sealants  
placed

23,654 Sealants were placed



# Sealant Program 2015-16

- 77.63% of children were Medicaid or had no insurance
  - 47.96% Medicaid
  - 29.67% No insurance
- 13.57% Had private insurance
- 8.80% Unknown
- 5,298 Children had sealants placed

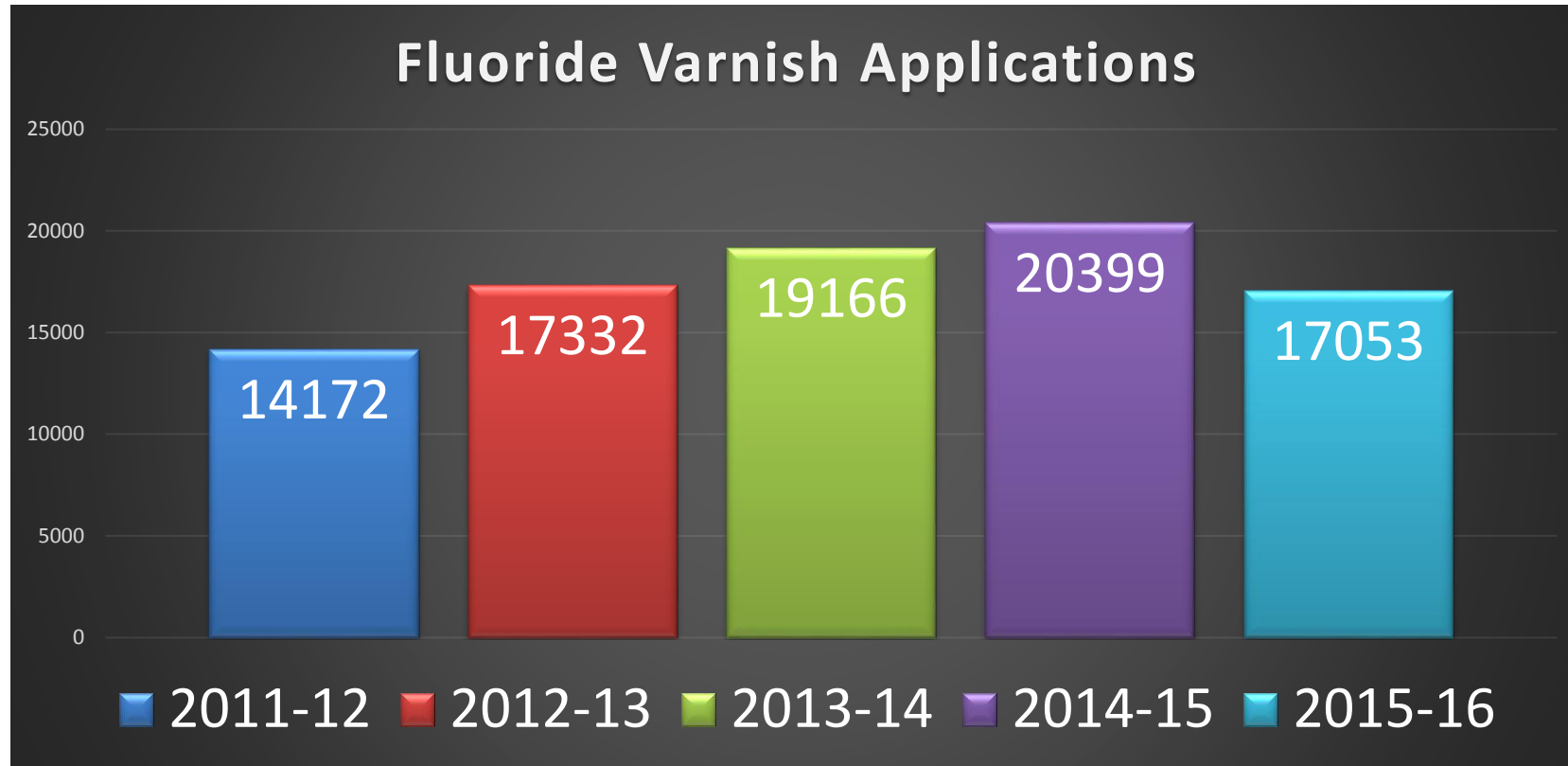


# Sealant Program



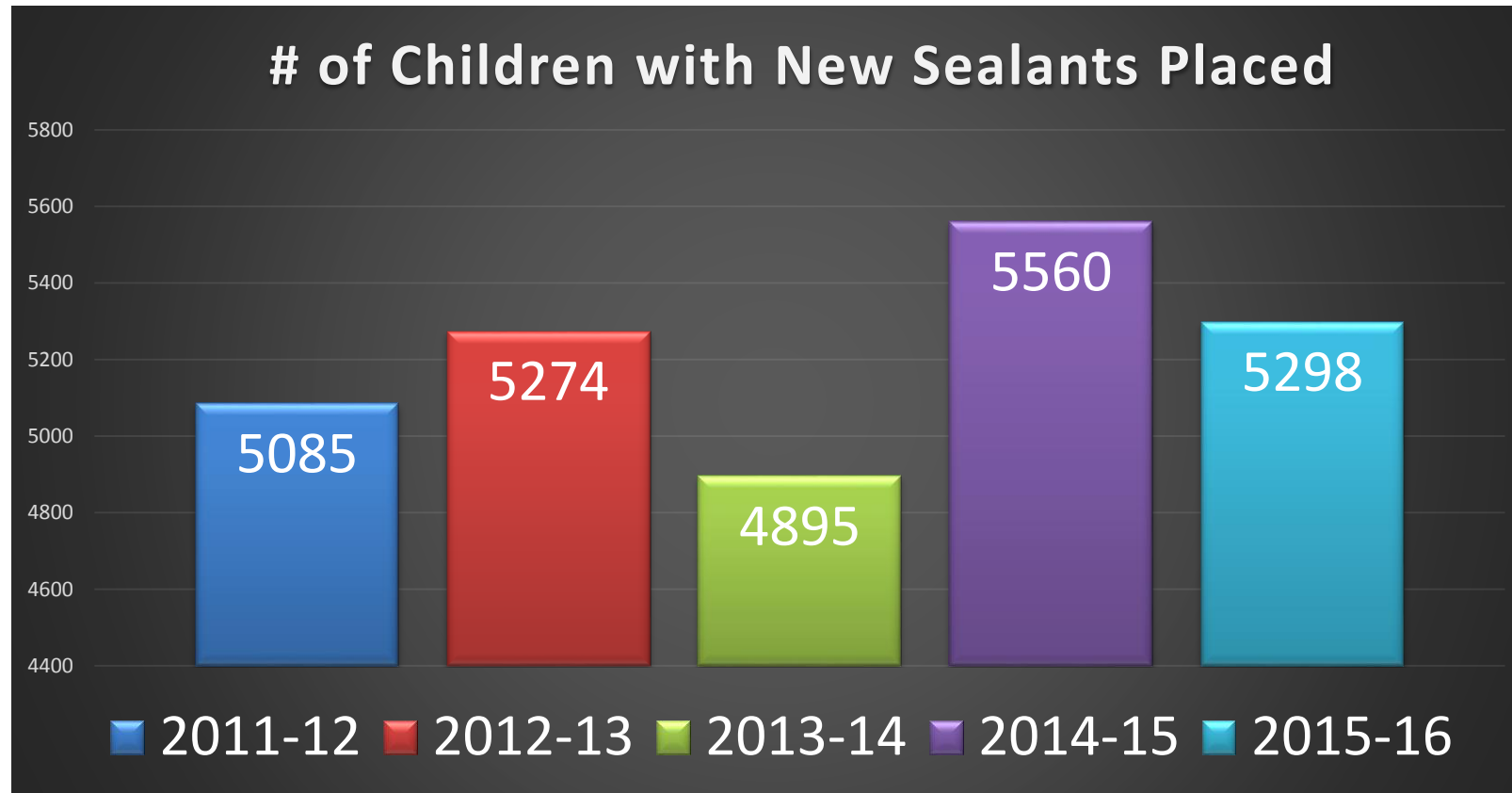
Our Mission: To protect and improve the health and environment of all Kansans.

# Sealant Program



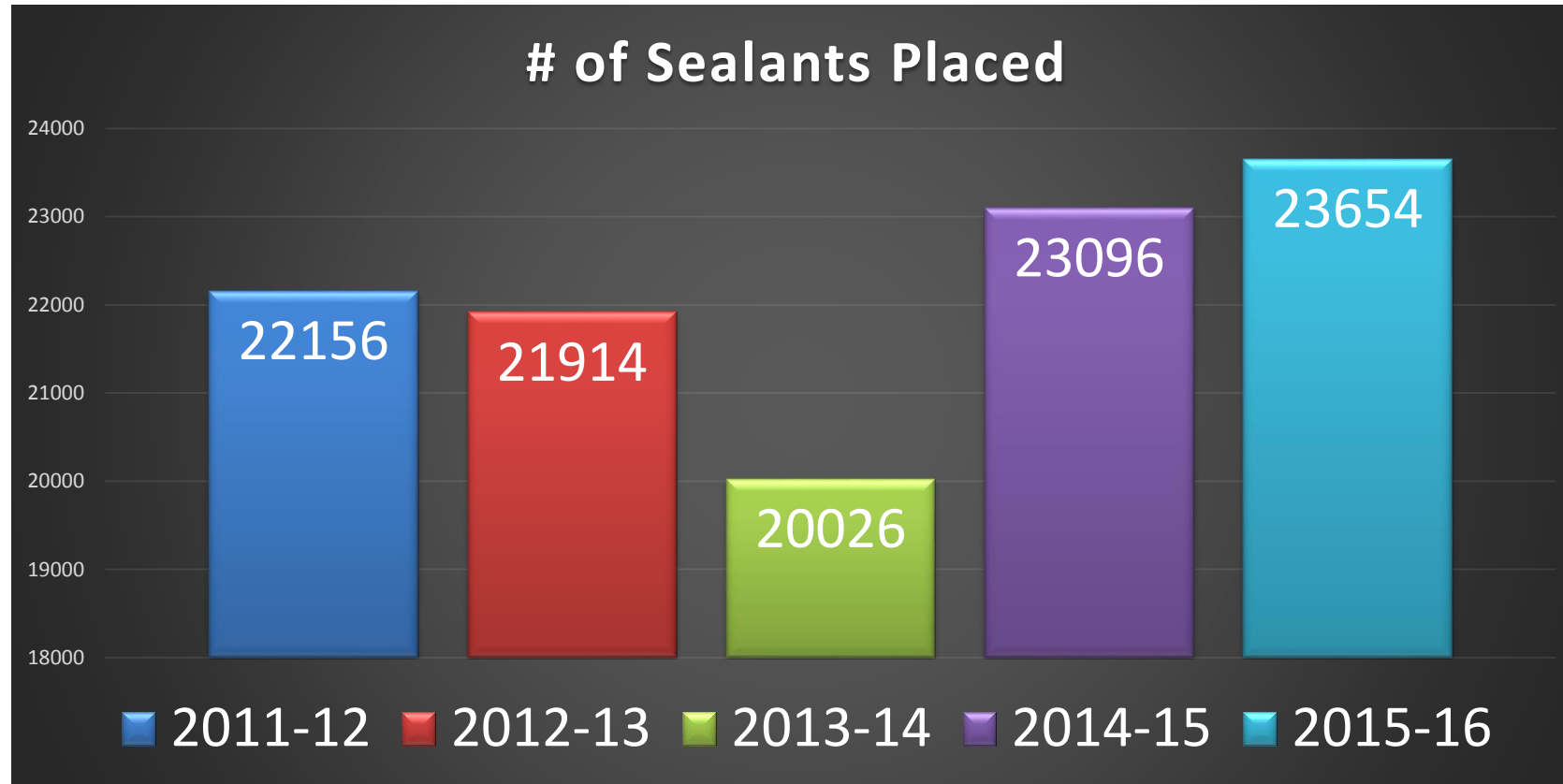
Our Mission: To protect and improve the health and environment of all Kansans.

# Sealant Program



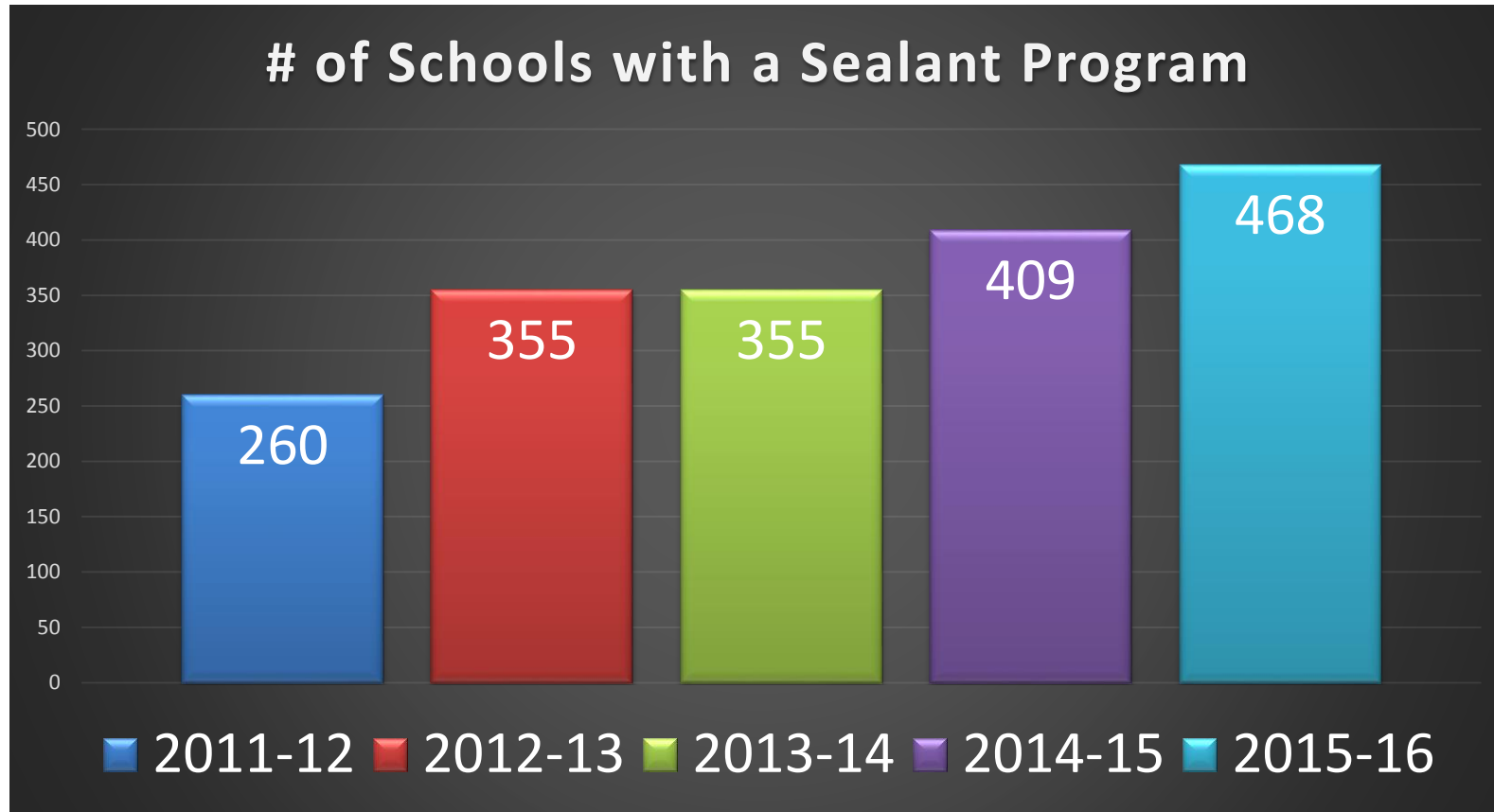
Our Mission: To protect and improve the health and environment of all Kansans.

# Sealant Program



Our Mission: To protect and improve the health and environment of all Kansans.

# Sealant Program



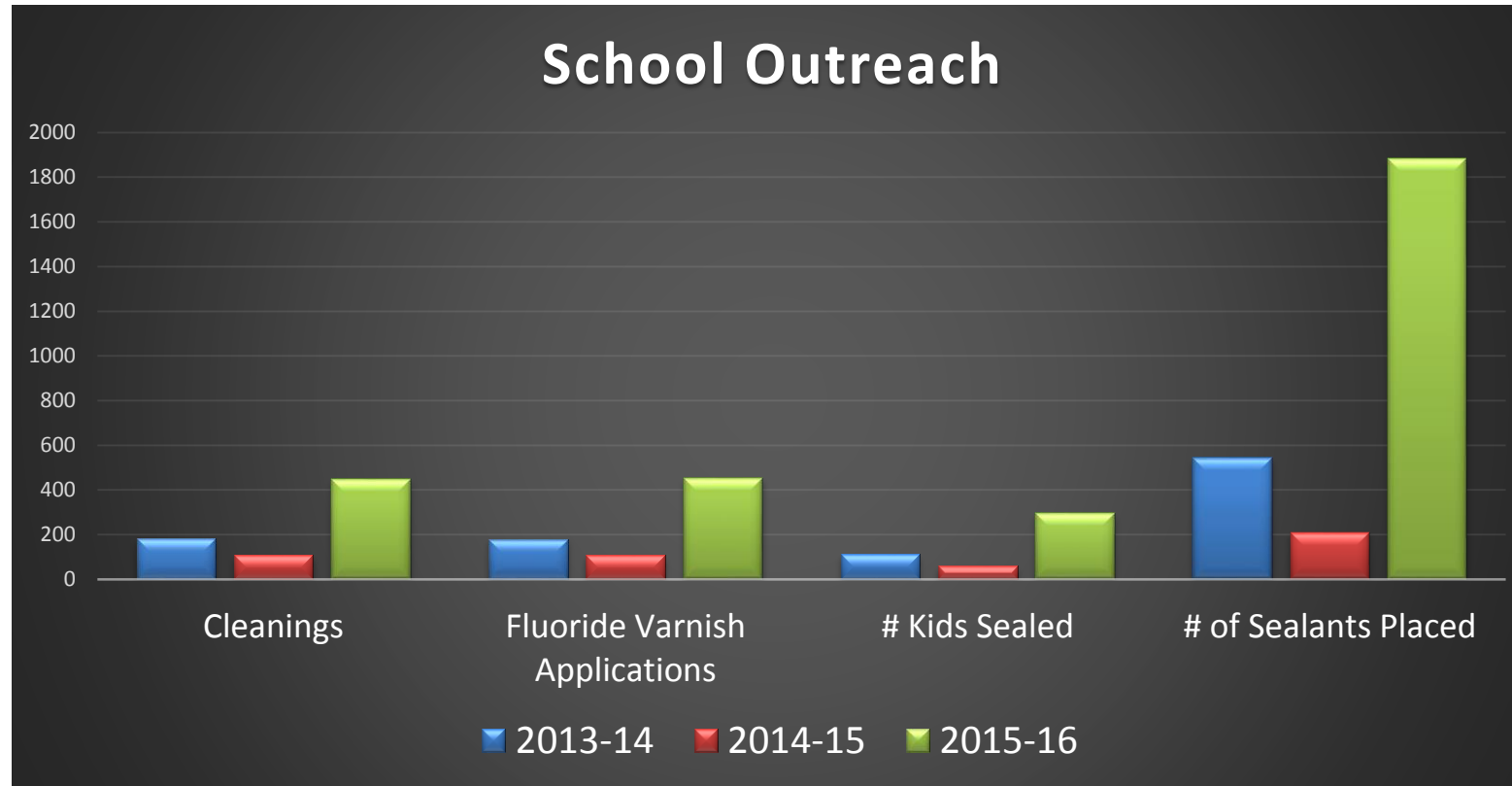
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# Data Speaks

- Recruiting new schools
- Grant reporting
- Grant applications
- Board meetings
- Community action

# Data Speaks



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# BOH Supports Your Efforts

- Funding through BOH for Primary Clinics' Outreach School Sealant Programs can be matched by Medicaid dollars through Bureau of Oral Health—for every non-federal dollar donated to your program, we will match!
- Contact: [jferguson@kdheks.gov](mailto:jferguson@kdheks.gov)



# Opportunity

- Medicaid Match
- CDC
- NIH Grant
- DentaQuest

# Medicaid Match

- Non-Federal Dollars
- Foundation or group must directly contract with BOH
- Contract will be for the school year
- Must be utilized for Sealant program only

# CDC Grant

- In year 4 of 5 year grant
- Primary BOH grant for infrastructure and activities
- Limited funding available for sealant programs

# NIH Grant

UMKC- Melanie Simmer-Beck

- Comparing ECP's in Kansas to Missouri model
- Pilot program being developed Rural/Urban setting
- Dental History on child in school based services
- Possibility for expansion and recruiting of other Kansas clinics- details to follow when available



- Bright Smiles (Jefferson County area)
- Community Health Center of South East Kansas
- Douglas County Dental Clinic
- E.C. Tyree Health and Dental Clinic
- Health Partnership Clinic
- Konza Prairie Community Health & Dental Clinic
- Open Wide ( Atchison County area)

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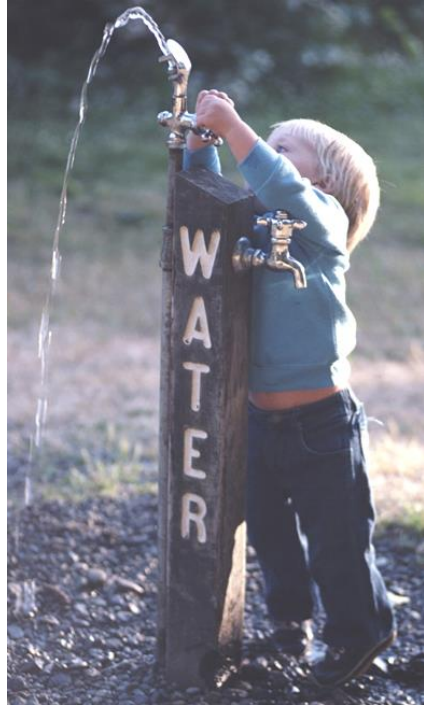
# Water Fluoridation in Kansas



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# Public Health Issues



Tooth decay uneven across the general population

Populations with increased risk:

- ☐ Low socioeconomic status
- ☐ Low level of parental education
- ☐ Little, if any, access to “dental care”

“Water fluoridation benefits all members of the community regardless of age, education, income level, or access to routine dental care”

Vivek H. Murthy, MD, MBA  
VADM U.S. Public Health Service  
Surgeon General

# Public Health Issues

- Fluoridation has resulted in a remarkable decline in the prevalence and severity of tooth decay
- Despite this reduction, dental caries is still the most common preventable chronic disease in the U.S.

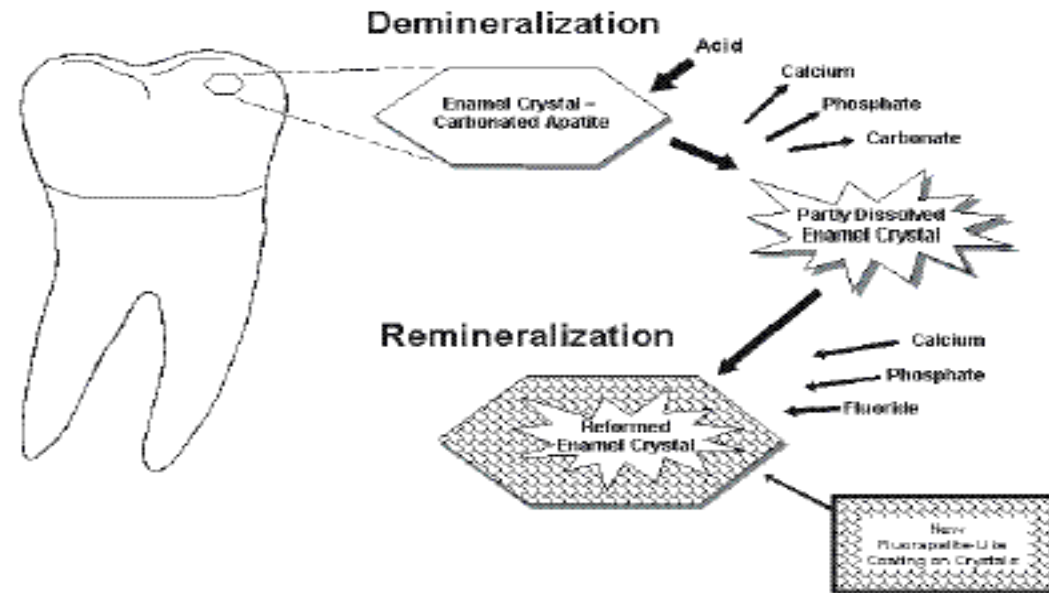
➡ 66% of Kansas children in poorer schools or in rural/frontier counties are more likely to have untreated dental decay

➡ 58% of southcentral Kansas third graders rank the highest number of teeth with decay, which is 10% higher than the state as a whole.

➡ 52% of Kansas residents of nursing facilities between age 65-74 year old have untreated decay.

# How Fluoride Works

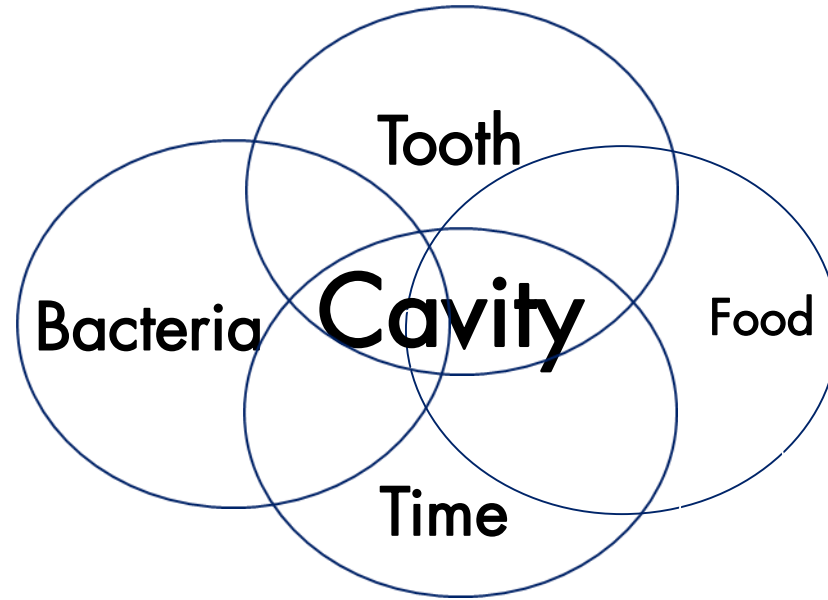
**FIGURE 1. The demineralization and remineralization processes lead to remineralized enamel crystals with surfaces rich in fluoride and lower in solubility**



**Source:** Adapted from Featherstone JDB. Prevention and reversal of dental caries: role of low level fluoride. *Community Dent Oral Epidemiol* 1999;27:31-40. Reprinted with permission from Munksgaard International Publishers Ltd., Copenhagen, Denmark.

# Risk Factors for Caries

- ☐ Diet
  - ☐ sugars and carbohydrates
- ☐ Oral hygiene
- ☐ Xerostomia (Dry Mouth)
  - ☐ fluoride
  - ☐ salivary flow and composition
- ☐ Bacteria Levels
  - ☐ Especially streptococci-mutans



# Caries Prevention

## For the best prevention of tooth decay

- *frequent* exposure to *low concentrations* of fluoride
- water fluoridation and dentifrices

# Dental Fluorosis



Normal



Questionable



Very mild



Mild



Moderate



Severe

Source: Fluoridation Forum Report 2002 (Page 126)

# Tooth Decay

- ☐ Infection
- ☐ Extreme pain
- ☐ Difficulty in chewing
- ☐ Poor weight gain/nutrition issues
- ☐ Difficulty concentrating
- ☐ Broken or missing teeth
- ☐ Missed school hours
- ☐ Predictor of caries in later life
- ☐ Costly treatment

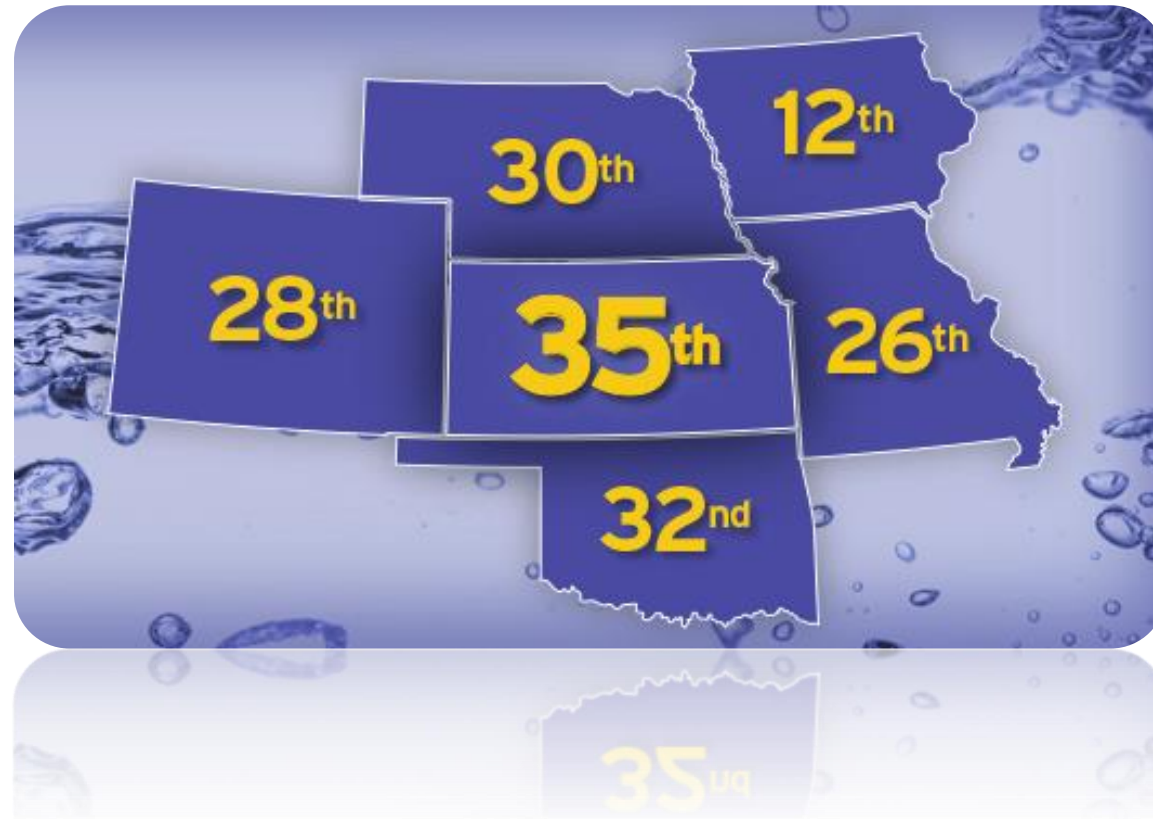
Dental caries (tooth decay) is the single most common chronic childhood disease





# Kansas is Ranked Last in the Region

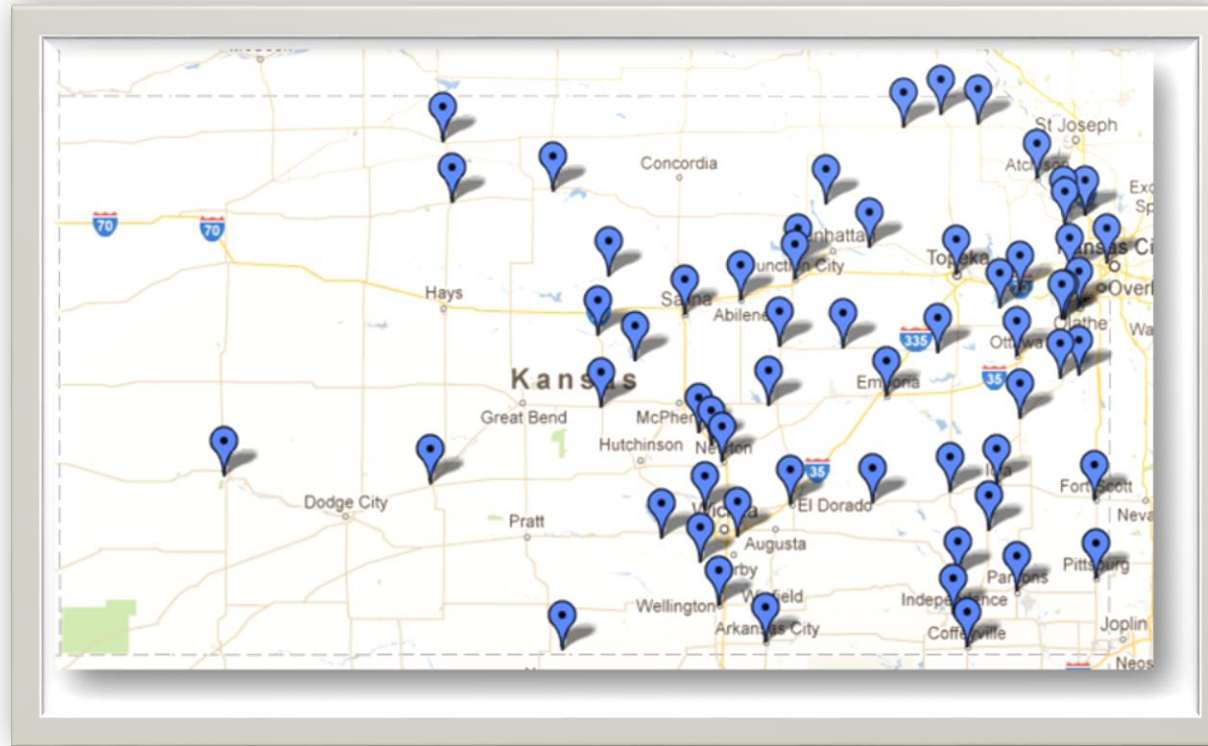
36.5% of the Kansans have do not have access to water that is fluoridated.



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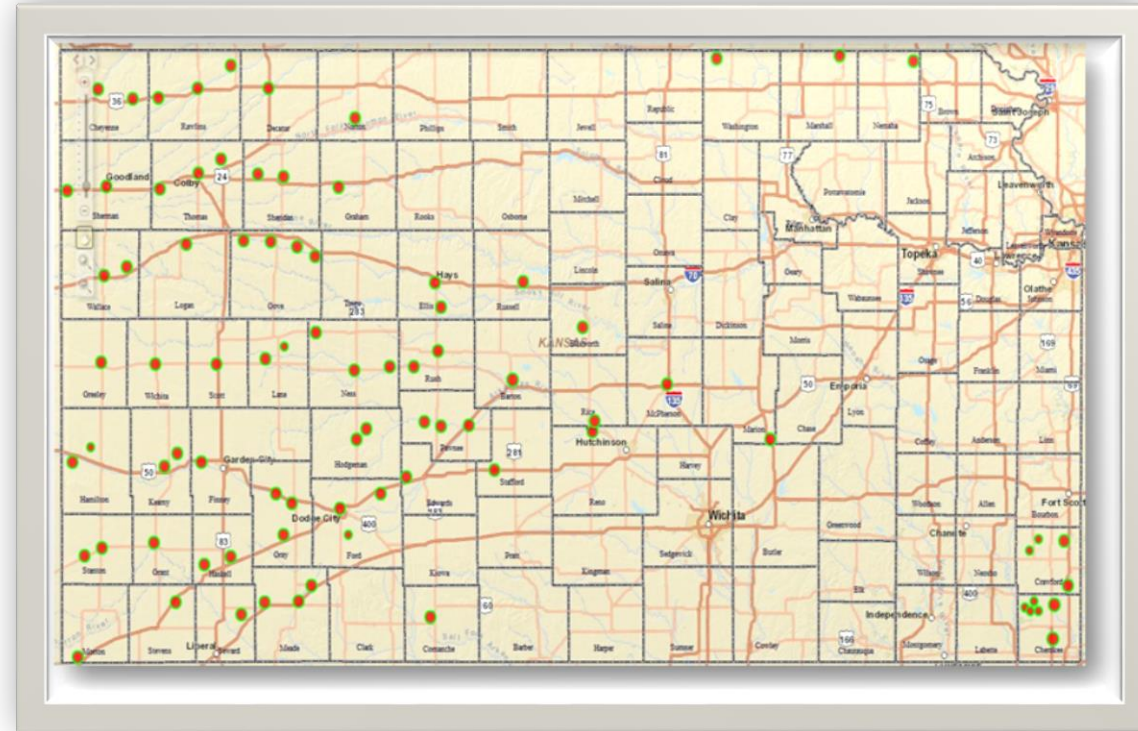
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# Fluoride Adjusted Public Water Systems



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# Naturally Fluoridated Public Water Systems



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# 2015 Kansas Water Fluoridation Quality Achievement Award Recipients

Ellsworth Co RWD 1  
Fort Riley  
City of Garden City  
City of Gardner  
City of Garnett  
Kansas City Board of Public Utilities  
City of Lincoln  
City of Maize  
City of Manhattan  
Marais des Cygnes Public Utility  
Authority

City of Marion  
City of Olathe  
Osage City  
City of Ottawa  
City of Pittsburg  
Public Wholesale WSD 4  
Public Wholesale WSD 5  
City of Salina  
City of Topeka  
City of Wellington

Kansas Department of Health & Environment – Bureau of Oral Health and Oral Health Kansas recognize these water systems for their dedication to consistently and professionally adjusting the water fluoride content level for oral health in 2015. It has been documented that these water systems successfully maintained 0.6ppm – 1.2ppm.

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# Recent Fluoridation Activity



← July 2012 – Wichita votes “No” to add fluoride to public water supply.

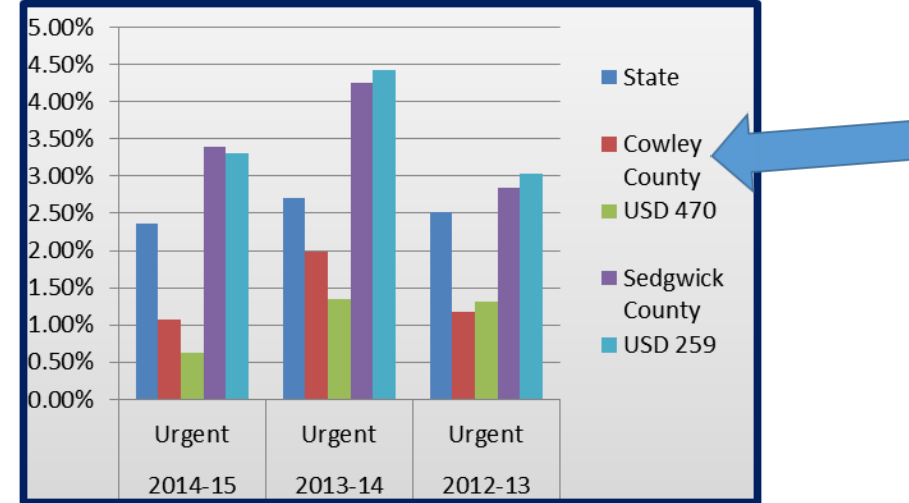
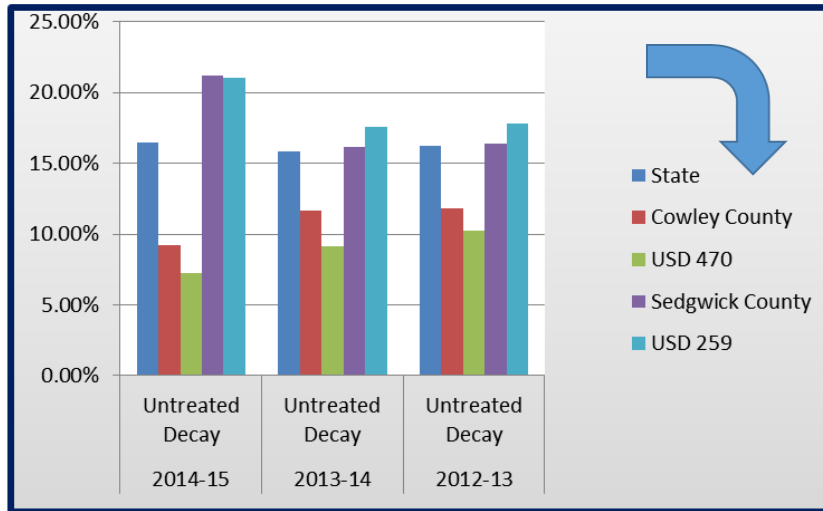
February 2014 – The House Health and Human Services Committee overwhelmingly voted to table HB 2372.

<http://fluoridekansas.org/HB2372.html>



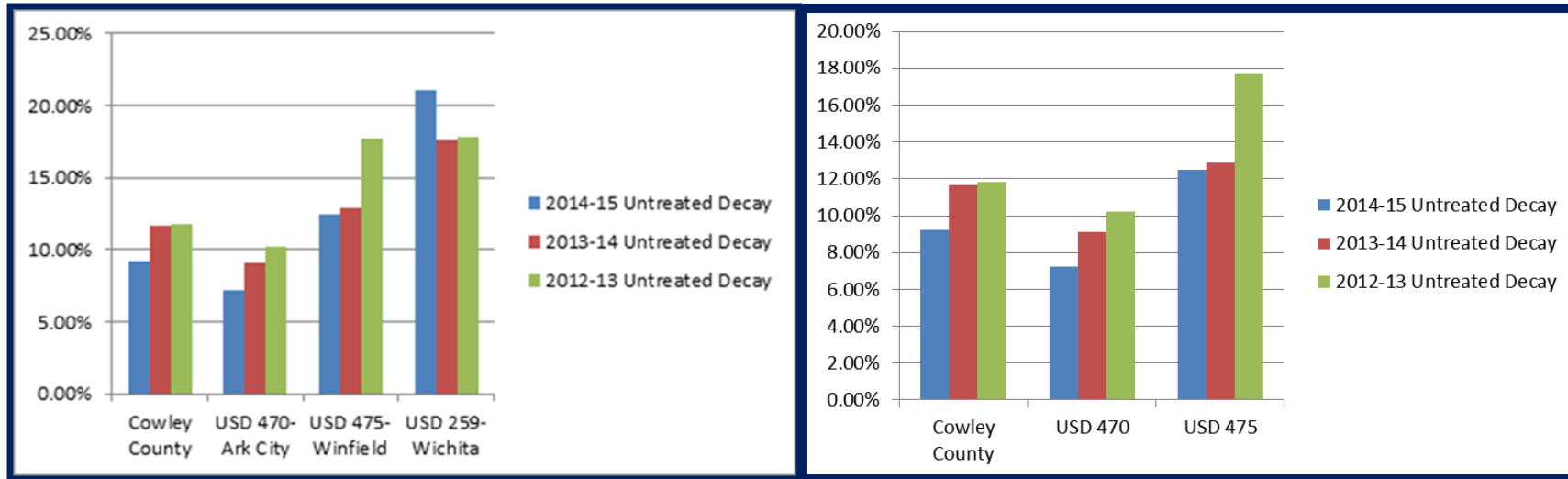
November 2014 – Referendum in Salina to Remove fluoride in public water supply.

[https://www.facebook.com/keepfluoridesalina?ref=br\\_tf](https://www.facebook.com/keepfluoridesalina?ref=br_tf)



Kansas Department of Health & Environment – Bureau of Oral Health in collaboration with dentists and dental hygienists in Kansas are providing dental screenings in their own local communities with school nurses sending the results home to parents and guardians. Thousands of children are being screened annually across Kansas. The aggregated data is then sent to the Bureau of Oral Health and it is included in our annual reports. Oral health screenings are not a replacement for a dental exam. The screening is to identify **obvious** signs of disease. Urgent needs are defined as a child that has visible **infection** and reports **pain** related to tooth decay.





Arkansas City USD 470 School District reports consistently lower number of incidences in each category of untreated decay and urgent needs than Winfield USD 475, Wichita USD 259, Cowley County, Sedgwick County and the State of Kansas.

This report was prepared by Jennifer Ferguson, Children's Oral Health Program Manager & Pam Smith, Fluoridation Specialist, Kansas Department of Health & Environment – Bureau of Oral Health. <http://www.kdheks.gov/ohi/index.html>

# Bureau of Oral Health Activities in Public/Oral Health



## Community Water Fluoridation:

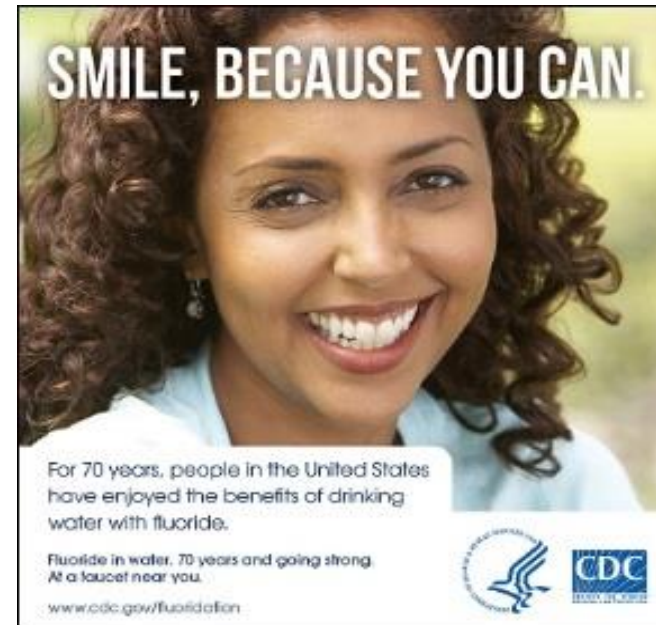
- ✓ CDC grant funded
- ✓ Training, education-Water Operators
- ✓ Dental Champions Fluoridation Class with OHK
- ✓ Connect with local community efforts



# 70 Years of Community Water Fluoridation



[www.cdc.gov/Fluoridation](http://www.cdc.gov/Fluoridation)



Get involved, contact:  
[Pam.smith@ks.gov](mailto:Pam.smith@ks.gov)

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# Kansas information & data resources

- Bureau of Oral Health <http://www.kdheks.gov/ohi/index.html>
- Fluoride in Kansas <http://fluoridekansas.org/>
- My Water's Fluoride [https://nccd.cdc.gov/DOH\\_MWF/Default/Default.aspx](https://nccd.cdc.gov/DOH_MWF/Default/Default.aspx)
- Oral Health Kansas <http://www.oralhealthkansas.org/>

## CONTACTS

Bureau of Oral Health	785-296-5116	kboh@ks.gov
Kansas American Academy of Pediatrics	913-780-5649	info@kansasaap.org
Kansas Dental Association	785-272-7360	www.ksdental.org
Oral Health Kansas	785.235.6039	info@oralhealthkansas.org

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# Fluoridation Facts National Resources

- American Academy of Pediatrics Campaign for Dental Health  
<http://ilikemyteeth.org/>
- American Dental Association “Fluoridation Facts” available from [www.ADA.org](http://www.ADA.org)
- American Fluoridation Society <http://americanfluoridationsociety.org/>
- CDC web site at [www.CDC.gov/OralHealth](http://www.CDC.gov/OralHealth)

# Bureau of Oral Health Partnerships and Future



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# Partnership with Centers for Medicare and Medicaid Services

- Aim #1: Increase by 10 percentage points the number of Medicaid enrolled children receiving a preventive dental visit.
- Aim #2: Increase by 10 percentage points the number of Medicaid enrolled children ages 6-9 receiving a sealant on a first permanent molar.



# BOH Partners with KDHE Programs

Day Care Licensing



Special Health Care Needs



Farmworker/Immigrant Support



Bureau of Water



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# Community Programs

KDHE BOH Topeka Public  
Library Display



Kansas School Nurses Conference  
KDHE BOH/OHK/Head Start Project

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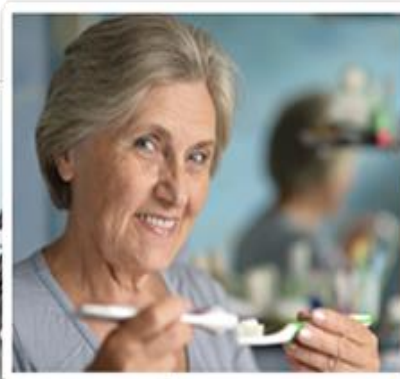


# Healthy Kansans 2020

Healthy People 2020 Objective		Target	U.S. Baseline	Kansas Baseline
<b>OH-1</b>	Reduce the proportion of children who have dental caries experience <ul style="list-style-type: none"> <li>Children, ages 6-9</li> </ul>	49.0%	54.4%	48.0% <sup>5</sup>
<b>OH-2</b>	Reduce the proportion of children who have untreated caries <ul style="list-style-type: none"> <li>Children, ages 6-9</li> <li>Adolescents, ages 13-15</li> </ul>	25.9%	28.8%	9.5% <sup>5</sup>
		15.3%	17.0%	12.8% <sup>17</sup>
<b>OH-4</b>	Reduce the proportion of adults that have ever had a permanent tooth extracted because of caries or periodontal disease <ul style="list-style-type: none"> <li>Ages 45-64</li> <li>Adults ages 65-74 who have lost all of their natural teeth</li> </ul>	68.8%	76.4%	45-54: 45.5% <sup>15</sup> 55-64: 61.0% <sup>15</sup>
		21.6%	24.0%	65+: 17.4% <sup>15</sup>
<b>OH-6</b>	Increase the proportion of oral and pharyngeal cancers diagnosed at the localized stage	35.8%	32.5%	44.0% <sup>21</sup>
<b>OH-12</b>	Increase the proportion of children who have received dental sealants on one or more molar teeth <ul style="list-style-type: none"> <li>Children ages 6-9 years – Permanent first molar teeth</li> <li>Adolescents ages 13-15 years – Permanent second molar teeth</li> </ul>	28.1%	25.5%	35.7% <sup>17</sup>
		21.9%	19.9%	41.7% <sup>17</sup>
<b>OH-13</b>	Increase the proportion of U.S./State Population served by community water systems that received optimally fluoridated water	79.6%	72.4%	63.8% <sup>22</sup>

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# KANSAS ORAL HEALTH PLAN



***Financing***



***Education/Literacy***



***Systems Collaboration***



***Workforce***

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Jennifer Ferguson, RDH  
Pam Smith, RDH

[www.kdheks.gov/ohi](http://www.kdheks.gov/ohi)

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785-296-5116

# Questions?





- Webpage: [www.ksruralhealth.org](http://www.ksruralhealth.org) or [www.ksprimarycare.org](http://www.ksprimarycare.org)
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